

# COMMUNITY PHARMACY INTERNSHIP OBJECTIVES

## PHARMACY INTERN EXPERIENCE AFFIDAVIT

Name of Applicant: \_\_\_\_\_ Social Security Number \* \_\_\_\_\_  
(please print) Last name First name MI

Intern No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**INSTRUCTIONS:** It is the intern's responsibility to seek preceptors and internship sites that will provide him or her at a minimum with those experiences outlined below. As each objective is mastered, the preceptor should date and initial the line opposite the objective. All preceptors who date and initial the form must also sign at the end of this form.

### ***Receiving and Interpreting the Prescription***

**Date**  
**Mm/dd/yy**

**Preceptor's**  
**Initials**

- |   |                |       |
|---|----------------|-------|
| 1. The intern is able to receive a prescription and obtain and clarify all necessary information (e.g., name, date, correct spelling, address, age and weight if appropriate, name of prescriber, and third-party information).   | ____/____/____ | _____ |
| 2. The intern, upon receiving a telephone prescription from a prescriber or his or her agent, is able to record the information accurately and completely, noting the identity of the caller.   | ____/____/____ | _____ |
| 3. The intern is able to detect errors and omissions in a prescription or medication order, and can take appropriate action to correct them.  | ____/____/____ | _____ |
| 4. The intern is able to establish and maintain manual or computerized prescription profiles (e.g., patient history, drug information, third-party information).  | ____/____/____ | _____ |
| 5. The intern is able to use the patient medication profile to monitor drug utilization, note drug interactions, allergies and sensitivities, and is able to take appropriate action to correct drug-related problems.  | ____/____/____ | _____ |
| 6. The intern is able to determine when it is legal and/or appropriate to refill a prescription. When necessary, the intern is able to obtain the prescriber's authorization and document the transaction.  | ____/____/____ | _____ |
| 7. The intern is able to recognize a situation in which an individual may be passing either a forged prescription or a prescription which is valid on its face but in all probability is not for legitimate medical use. The intern is able to determine if either of these is the case, and knows the process to notify the appropriate authorities. | ____/____/____ | _____ |

### ***Prescription Preparation, Dispensing and Control***

- |   |                |       |
|---|----------------|-------|
| 1. The intern is able to select the correct drug product, including drug entity, manufacturer, dose, and dosage form and is able to accurately prepare the prescription for dispensing.   | ____/____/____ | _____ |
| 2. The intern can prepare or supervise the preparation of the prescription label (generated manually or by computer) for a given prescription which conforms to all state and federal regulations. The intern is able to assure that the label conveys directions in a manner understandable to the patient and that appropriate auxiliary labels are attached. | ____/____/____ | _____ |

- |    |   |                      |
|----|---|----------------------|
| 3. | The intern is able to select an appropriate container for storage or use of medications with special requirements (e.g., child-resistant containers, compliance devices).   | ___/___/___    _____ |
| 4. | The intern is able to perform the necessary calculations and demonstrate the required pharmaceutical skills (weighing, trituration, dilution, etc.), to produce a pharmaceutically-elegant product. The intern is able to accurately document all necessary steps and procedures involved in compounding of that product. | ___/___/___    _____ |
| 5. | The intern is able to perform a final check of the prescription with regard to correct drug, dose, dosage form, and accuracy and clarity of labeling.   | ___/___/___    _____ |
| 6. | The intern is able to appropriately dispose of outdated, discontinued or recalled drugs, controlled substances, needles and syringes, and cytotoxic agents.   | ___/___/___    _____ |

***Consultation with Patients and Health Providers***

- |    |  |                      |
|----|--|----------------------|
| 1. | The intern is able to effectively communicate all information necessary to encourage proper use and storage of the medication. This includes the importance of compliance with directions, and precautions and relevant warnings. The intern routinely verifies that the patient understands this information. | ___/___/___    _____ |
| 2. | The intern is able to effectively communicate with other health professionals for such purposes as counseling, discussing the therapeutic plan, and providing education.   | ___/___/___    _____ |
| 3. | The intern is able to assess a patient's self-identified problem to determine if the problem requires the pharmacist's intervention or a medical referral.   | ___/___/___    _____ |
| 4. | The intern is able to transfer a prescription and relevant information to another pharmacist and document the transaction properly.  | ___/___/___    _____ |

***Record Keeping***

- |    |  |                      |
|----|--|----------------------|
| 1. | The intern is able to establish and maintain manual or computerized files of current prescription records in conformance with state and federal laws and regulations.    | ___/___/___    _____ |
| 2. | The intern is able to maintain suitable records for poisons, DEA-controlled substances and syringes and needles that are received, stored and furnished by the pharmacy. | ___/___/___    _____ |

***Non-Prescription Products***

- |    |  |                      |
|----|--|----------------------|
| 1. | The intern is able to assess a patient's complaints and discuss the options for therapy. Where the use of a non-prescription medication is indicated, the intern is able to make recommendations and counsel the patient about the proper use of the product(s). | ___/___/___    _____ |
| 2. | The intern is able to instruct a patient on the proper use of a diagnostic agent or device including directions for obtaining accurate results and interpreting the results.   | ___/___/___    _____ |
| 3. | The intern is able to instruct a patient on the proper and safe use of commonly used health products such as condoms, thermometers, metered-dose devices, ear syringes, and compliance devices.  | ___/___/___    _____ |

4. The intern is able to instruct a patient on the proper and safe use of durable medical equipment and home health supplies. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Drug Information**

1. The intern is able to identify an unidentified drug dosage form using appropriate resources or refer the question to an appropriate source. \_\_\_\_/\_\_\_\_/\_\_\_\_
2. The intern is able to evaluate the urgency of a poisoning or overdose situation, supply general information on the initial treatment, and refer the problem to the nearest poison information center, if necessary. \_\_\_\_/\_\_\_\_/\_\_\_\_
3. The intern is able to effectively select and use appropriate references to answer drug information requests and/or refer the questions to another source for response. \_\_\_\_/\_\_\_\_/\_\_\_\_

*I certify, under penalty of perjury, that all objectives I have initialed have been met. To the best of my knowledge, the experience thus gained by this applicant has been predominantly related to the practice of pharmacy, as required by law.*

Preceptor's Name	Initials	RPh #	State	Date
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Preceptor's Name	Initials	RPh #	State	Date
Preceptor's Name	Initials	RPh #	State	Date

\*Disclosure of your social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USCA 405(c)(2)(C) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes of compliance with any judgement or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

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